102% MONTHLY HEALTH RATES (with additional 2% COBRA admin fee)	ACTIVE AND RETIREE NON-MEDICARE		
Effective January 1, 2016			
HEALTH PLANS	SELF	SELF+1	FAMILY
MEDICAL:			
Carefirst High Option POS (medical only)	\$552.95	\$956.54	\$1,610.62
Carefirst Standard Option POS (medical only)	\$514.24	\$889.57	\$1,497.89
UnitedHealthcare Select HMO (medical only)	\$483.68	\$929.83	\$1,478.17
Kaiser HMO (medical with Rx)	\$544.73	\$1,024.09	\$1,612.40
1/ Carefirst Indemnity (medical with Rx)	\$1,164.82	\$2,480.95	\$3,721.61
PRESCRIPTION:			
2/ Caremark High Option \$4/\$8 Rx Plan	\$367.42	\$679.76	\$1,053.39
3/ Caremark High Option \$5/\$10 Rx Plan	\$362.68	\$671.00	\$1,039.82
Caremark Standard Option \$10/\$20/\$35 Rx Plan	\$177.64	\$328.62	\$509.27
3/ SilverScript High Option \$5/\$10 Rx Plan	N/A	N/A	N/A
SilverScript Standard Option \$10/\$20/\$35 Rx Plan	N/A	N/A	N/A
DENTAL:			
Dental PPO (Traditional Dental Plan)	\$35.37	\$78.81	\$113.39
Dental HMO (DHMO)	\$15.72	\$29.77	\$43.61
VISION:			
Vision Plan	\$3.77	\$5.98	\$9.07
Discount Vision Plan	\$0.42	\$0.42	\$0.42

^{1/} Only available to COBRA participants who are currently enrolled in the Carefirst Indemnity Plan.

^{2/} Only available to COBRA participants who were MCGEO/IAFF at the time of the Qualified Event.

^{3/} Only available to COBRA participants who were FOP/Non-Rep/Retired at the time of the Qualified Event.